

ORIGINAL

DeARCY HALL, J.

ORENSTEIN, M.J.

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW YORKWilliam Little102 W. 128th StNew York, NY, 10027

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

City of New York, D.H.S.S:us, Francis Sims,Jermaine manley

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

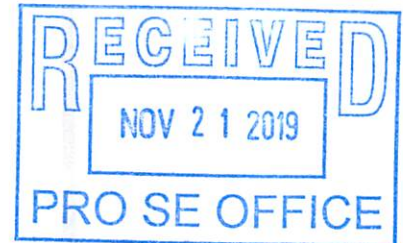
**Complaint for Violation of Civil
Rights**

(Non-Prisoner Complaint)

Case No.

CV19-6686

(to be filled in by the Clerk's Office)

Jury Trial: ☒ Yes ☐ No
(check one)**NOTICE**

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed *in forma pauperis*.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>William D. Little</u>
Street Address	<u>102 W. 128th St</u>
City and County	<u>New York, NY 10027</u>
State and Zip Code	<u>New York 10027</u>
Telephone Number	<u>347-645-9311</u>
E-mail Address	<u></u>

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name	<u>City of New York</u>
Job or Title	<u></u>
(if known)	<u></u>
Street Address	<u></u>
City and County	<u>New York</u>
State and Zip Code	<u>New York</u>
Telephone Number	<u></u>
E-mail Address	<u></u>
(if known)	<u></u>

Defendant NO. 2

Name: DHS

Street Address: 33 Beaver St

City and County: New York.

State and Zip Code:

Phone Number:

Defendant NO. 3

Name: SUS - Francis Sims

Job/Title: Program Director

Street Address: 599 Ralph Ave.

City and County: BROOKLYN - Kings County

State and Zip Code: New York 10233

Defendant NO. 4.

Name: Jermaine Manley

Title: House manager / Supervisor.

City and County: BROOKLYN - Kings County

State and Zip Code: New York 10233

Street Address: 599 Ralph Ave.

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

- ☒ State or local officials (a § 1983 claim)
☐ Federal officials (a *Bivens* claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

City of New York, D.H.S, S:us Francis
Sims, Jermaine Manley

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

all defendant acted in neglect failing to provide
a safe secure humane environment toward the LGBTQ
community and myself also said defendants has abused
their authority and power under state and federal
color in which caused me emotional distress, mental
anguish on the horizon and compromised my safety and
in fact violates my constitutional rights. (See Attachees)

by refusing and failing to answer multiple grievances
 there and pleas for Help to prevent Harm these
 Defendants also refused to Secure my safety it
 was only After my visit to DHS Headquarters
 I was transfer where I am feeling safe. If
 granted this will help deter and prevent further
 Harassment by the S:us Staff ~~and~~ ^{us} @ 599
 Ralph are due to retaliation to this complaint
 filed before you. without it Plaintiff will be in
 irreparable Harm and leaves Plaintiff extremely
 vulnerable to DHS. Power of transfer to any other
 facility, as an overt or ~~sexual~~ Homosexual.

William D

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?

Sus. - 599 Ralph Ave.
Brooklyn, NY 10233

- B. What date and approximate time did the events giving rise to your claim(s) occur?

on or about 10/1/19 until 11/10/19
Transfer to New Location

- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

Please See Attached
Pg. 4-A.

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Mental Anguish, emotional distress and well as Brutally being beaten with a stick By DHS Due to Sexual orientation and also housed with known Blood Gang members who threaten me daily

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Grant a federal injunction so I won't be moved from current facility in retaliation for filing this complaint ~~to~~ preventing further retaliation from previous complaints and to grant punitive and monetary damages in an amount the court deem just and proper (Plaintiff seeks a jury trial)

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: November, 2019.

11/21/2019

Signature of Plaintiff

William D. Little

Printed Name of Plaintiff

William D. Little



Renaissance Statement Report Form

<u>Name of Person Making Report:</u> <u>William Little</u> <input checked="" type="checkbox"/> Client - Unit # _____ <input type="checkbox"/> Visitor	<u>Location of Report</u> <u>Rennaisance</u> <u>599 Ralph Ave</u> <u>BROOKLYN NY 10233</u>
<u>Name of other Party/Parties involved:</u> _____ _____ _____	<u>Date of Report (mo/day/year):</u> <u>9/19/17</u> <u>Time of Report (a.m./p.m.):</u> <u>820</u>

<u>Detailed Description of the Report:</u> Describe exactly what happened, who was involved (use names, if known), what was said, when and where the incident happened.
<p>I am tired of not being able to get anything done here at this shelter I have been doing all that I can to maintain and have positive behavior I have taken the necessary steps to eradicate and deter negative behavior that causes mental anguish and emotional distress I feel like</p>



Staff don't care and most are here
for a paycheck. There is no structure
melio programming ~~time~~ in which
increase hostile behaviors within
this facility & have not sat down
and met with my case manager
in over a week.



Signature of individual making report

9/19/19
Date



NYC DHS CIVILIAN COMPLAINT REPORT

PRINT ALL INFORMATION

Person Making Complaint:	<input checked="" type="checkbox"/> Client	<input type="checkbox"/> Staff	<input type="checkbox"/> Visitor	<input type="checkbox"/> Civilian	<input type="checkbox"/> Other: _____
Complaint Made Against:	<input checked="" type="checkbox"/> Peace Officer	<input type="checkbox"/> Security Guard	<input type="checkbox"/> Staff	<input type="checkbox"/> Other: _____	

INCIDENT OCCURRENCE:

Date: 9/17/19	Title: 1st shift <input type="checkbox"/> AM <input type="checkbox"/> PM	Day of Week: Monday	Shelter: Renaissance
Address: 599 Ralph Ave	Floor: 3	Room #: 302	Area: Dormitory

PERSON MAKING COMPLAINT:

Last Name: Little	First: William	M.I.	Age: 33	DOB: 12/23/85	Race: B	Sex: F
Address: 599 Ralph Ave	Apt:	City: Brooklyn	State: NY	Zip: 10233		
Home Phone:	Work Phone:	Cell Phone:				
<input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Relationship to Victim: _____						Client/HA #

COMPLAINT MADE AGAINST:

Rank or Title	Last Name	First Name	ID or Shield #	Additional Info.

WITNESS/VICTIM:

Use rear of page for additional witnesses

Last Name:	First:	M.I.	Age:	DOB:	Race:	Sex:
Address:	Apt:	City:	State:	Zip:		
Home Phone:	Work Phone:	Cell Phone:				
<input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Relationship to Victim: _____						Client/HA #

DETAILS OF INCIDENT:

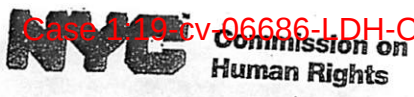
Use rear of page for additional space

On the above date I had come back into the dorm and noticed my bed was moved and sheets was off bed and my and my locker was trashed I asked DHS for a copy of the notice to search locker and wasn't able to provide such and I asked what the suspected reason for the search all was denied at this time I am asking for the camera to be rolled back and this incident be investigated. EOR

REPORT RECEIVED:

☐ In-Person ☐ Written ☐ US Mail ☐ E-Mail ☐ Phone

Received by: Last Name:	First Name:	Rank or Title	Shield/ID:	Command/Unit
Signature:	Work Phone:	Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	



② 1:00 PM

Date: 11/8/19	Intake #:
Date of Walk-In if Applicable:	
Matter #, if Applicable:	

INTAKE FORM

Your Information

Name William Little		Preferred Title (e.g. Dr., Ms., Mx) 0	Date of Birth 12/23/85
Address 599 Ralph Ave Brooklyn			
City Brooklyn NY		State NY	Zip 11233
Cell Phone 917-500-6527	Other Phone	Occupation Witness - Michel Toliver	
Email	Race/Ethnicity Black	Primary Language	
Family Status: <input type="checkbox"/> Married <input type="checkbox"/> Domestic partner <input checked="" type="checkbox"/> Single <input type="checkbox"/> Other			
Emergency Contact			

Information About the Person or Entity that you Want to Take Action Against

Name Rennissance / DHS	Company if any
Address 599 Ralph Ave Brooklyn	
City New York	State NY
Second Contact Francis Simms	Zip 11233
Address 599 Ralph Ave Brooklyn	
City New York	State NY
Date of most recent incident of discrimination: 11/4/19	Phone
Borough where incident occurred: Brooklyn	

Have you filed any complaint about this incident in any other place? ☒ Yes ☐ No

If yes, check the place or describe below:

☐ EEOC ☐ NY State Division of Human Rights ☐ HUD ☐ HPD ☐ NYCHA ☐ Court

☐ Other:

My inquiry has to do with:

(check one, and then fill out the next section depending on your answer)

- ☐ Housing (Complete Section A and D)
- ☐ Public Accommodation (store, restaurant, taxi, dentist office, etc.) (Complete Section B and D)
- ☐ Employment (Complete Section C and D)
- ☒ Discriminatory Harassment (Complete Section D)
- ☐ Bias-based Profiling by Law Enforcement (Complete Section D)

Have you ever had an appointment with the Commission before?

☐ Yes ☒ No

List when, and the result of your inquiry:

SECTION A: Housing (fill out only if your inquiry involves housing)

Type of Housing:

- ☐ Co-op
- ☐ SRO
- ☐ Commercial
- ☐ Owner-occupied
- ☐ Rental
- ☐ Condo
- ☒ Shelter

Basis of Discrimination -- Check all that apply:

- ☐ Race
- ☐ Gender
- ☐ Religion/Creed
- ☐ Age
- ☐ Victim of Domestic Violence, Sexual Violence, or Stalking
- ☐ Color
- ☒ Gender Identity
- ☐ Occupation
- ☐ Military Service
- ☐ Presence of Children
- ☐ National Origin
- ☐ Lawful Source of Income
- ☐ Disability/Failure to Accommodate
- ☐ Marital Status
- ☒ Sexual Orientation
- ☐ Alienage/Citizenship Status



9/2/19
Delivered

Pg 1 of 4

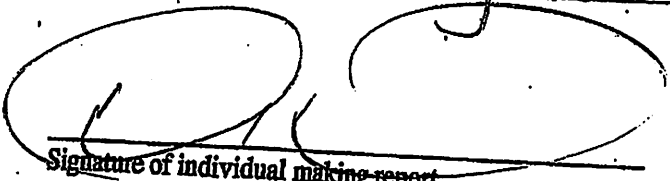
Renaissance Statement Report Form

Name of Person Making Report: <u>William Little</u> <input checked="" type="checkbox"/> Client - Unit # <u>506</u> <input type="checkbox"/> Visitor	Location of Report <u>599 Ralph Ave</u> <u>Brooklyn, NY</u> <u>11233</u>
Name of other Party/Parties involved: <u>Hous manager</u> <u>Porter / custodial</u>	Date of Report (mo/day/year): <u>9/2/19</u> Time of Report (a.m./p.m.): <u>3:30 - 344 pm</u>

Detailed Description of the Report: Describe exactly what happened, who was involved (use names, if known), what was said, when and where the incident happened.

on the Above date and time I William Little have been asking all day for ~~the~~ the A/C in the room along with the other residents whom reside in 506 to be turned UP at a reasonable temp. due to the ~~con~~ consistant request staff has blatantly ignored. by the staff also this writer noticed all bathroom

on each floor was disgusting and filthy it's a 3 day weekend and all custodial staff was Advised of the unsanitary Living conditions and also failed to ignore all duties and obligations instead they hanging out in the shift managers office and hanging out outside as if they was off the clock there is no reason way we should have to live in these conditions which cause bacteria and infectious viruses and other contagious viral infections I am writing this report due to the negligence of staff including staff also making fun of clients that


Signature of individual making report

Date

9/2/19



Renaissance Shelter
3 of 4

Renaissance Statement Report Form

<u>Name of Person Making Report:</u>	<u>Location of Report</u>
William Little	599 Ralph Ave
<input checked="" type="checkbox"/> Client - Unit # <u>504</u> <input type="checkbox"/> Visitor	<u>Date of Report (mo/day/year):</u>
<u>Name of other Party/Parties involved:</u>	9/2/19
House manager Porter / Custodial	<u>Time of Report (a.m./p.m.):</u>
	3:30 - 3:41

Detailed Description of the Report: Describe exactly what happened, who was involved (use names, if known), what was said, when and where the incident happened.

and their mental illnesses we are here for the help not to ~~be~~ be feel hopeless and belittled. I want the best for myself and other residents we all shall respect one another client to staff or client to client in the mean time I will continue to

remain safe ~~also~~ ^(WL), however
I hope this matter can be
rectified shortly this is not
intended to provoke or
antagonize staff but to
have a safe, clean, respectful
community in this shelter
on all Administrative, Supervisory
and lower levels of chain of
command


Signature of individual making report

Date

9/2/19



New York City Police Department

OmniForm System - Complaints

Report Cmd: 073	Jurisdiction: N.Y. POLICE DEPT	ICAD#:	Record Status: Final, No Arrests	Complaint #: 2019-073- 010736	No Other Legacy Blue Versions	Complaint Revisions: View All Versions 0 1
Occurrence INSIDE OF 599 Location: RALPH AVENUE Name Of Premise: RENAISSANCE MENS SHELTER Premises Type: HOMELESS SHELTER Location Within Premise: OTHER SHELTER Visible By Patrol?: NO			NYC Parks Dept. Property Did this offense occur on NYC Parks Dept. Property? NO Command: NYC Parks Dept. Property Name:		Precinct: 073 Sector: B Beat: 3 Post:	
Occurrence From: 2019-11-15 12:30 FRIDAY Occurrence thru: 2019-11-15 13:00 Reported: 2019-11-15 15:00 Complaint Received: WALK-IN						Aided # Accident # O.C.C.B. #
Classification: HARASSMENT Attempted/Completed: COMPLETED Most Serious Offense Is: VIOLATION PD Code: 638 HARASSMENT,SUBD 3 PL Section: 24026 Keycode: 578 HARRASSMENT 2				Case Status: CLOSED Unit Referred To: Clearance Code: UNFOUNDED COMPLAINT Log/Case #: 0 Clearance Arrest Id: Clearance AO Cmd: File #: 51 Prints Requested? NO		
Is This Related To Stop And Frisk Report NO		SQF Number: 0000-000-00000		Was The Victim's Personal Information Taken Or Possessed? NO		Was The Victim's Personal Information Used To Commit A Crime? NO
Gang Related? NO	Detective Borough Wheel Log #:	Name Of Gang:			Child Abuse Suspected? NO	
DIR Required? NO		Child in Common? NO		Intimate Relationship? NO		Officer Body Worn Camera: NO
If Burglary: Forced Entry? Structure: Entry Method: Entry Location:		Alarm: Bypassed? Comp Responded?: Company Name/Phone: -- Crime Prevention Survey Requested?: Complaint/Reporter Present?:		If Arson: Structure: Occupied?: Damage by:		Taxi Robbery: Partition Present: Amber Stress Light Activated: Method of Conveyance: Location of Pickup:
Supervisor On Scene - Rank / Name / Command :			Canvas Conducted: NO		Translator(if used):	
NARRATIVE: AT TPO VICTIM STATES SUSPECT DID MAKE THREATS TO VICTIM'S LIFE CAUSING VICTIM TO FEAR FOR THEIR LIFE AND TO FEEL ALARMED.						
Version 1. SYSTEM GENERATED						

No NYC TRANSIT Data for Complaint # 2019-073-010736

Total Victims: 1	Total Witnesses: 0	Total Reporters: 1	Total Wanted: 1
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VICTIM: # 1 of 1Name:
LITTLE, WILLIAM D

Complaint#: 2019-073-010736

Nick/AKA/Maiden:

UMOS: NO

Sex/Type: MALE

Race: BLACK

Age: 33

Date Of Birth: 12/23/1985

Disabled? NO

Is this person not Proficient in English?: NO

If Yes, Indicate Language:

N.Y.C.H.A Resident? NO

Is Victim fearful for their safety / life? YES

Escalating violence / abuse by suspect? YES

Were prior DIR's prepared for CV? NO

Gang/Crew Affiliation: NO

Name:

Identifiers:

Will View Photo: YES

Will Prosecute: YES

Notified Of Crime NO

Victim Comp. Law:

LOCATION	ADDRESS	CITY	STATE/COUNTRY	ZIP	APT/ROOM
HOME-PERMANENT	102 WEST 128 STREET	MANHATTAN	NEW YORK	10027	

Phone #: HOME: Not Provided/Unavailable CELL: 347-645-9311 BUSINESS: Not Provided/Unavailable BEEPER: Not Provided/Unavailable
E-MAIL: Not Provided/Unavailable

Action against Victim:

Actions Of Victim Prior To Incident:

N/A

Victim Of Similar Incident:
NO

If Yes, When And Where

REPORTER: # 1 of 1Name:
LITTLE, WILLIAM D

Complaint #: 2019-073-010736

Nick/AKA/Maiden:

Sex/Type: MALE

Race: BLACK

Age: 033

Date Of Birth: 12/23/1985

Is this person not Proficient in English?: NO

If Yes, Indicate Language:

Gang/Crew Affiliation: NO

Name:

Identifiers:

Relationship To Victim:

Location	Address	City	State/Country	Zip	Apt/Room
HOME-PERMANENT	102 WEST 128 STREET	MANHATTAN	NEW YORK	10027	

Phone #: HOME: -- CELL: 347-645-9311 BUSINESS: -- BEEPER: -- E-MAIL:

WANTED: # 1 of 1Name:
UNKNOWN,

Complaint#: 2019-073-010736

Arrested: NO

Nick/AKA/Maiden:

Sex: [REDACTED]

Race: [REDACTED]

Age:

Date Of Birth: UNKNOWN

U.S. Citizen:

Place Of Birth:

Is this person not Proficient in English?: NO

If Yes, Indicate Language:

Height: FTIN

Weight: 0

Eye Color:

Hair Color:

Hair Length:

Hair Style: UNKNOWN

Skin Tone: UNKN

Complexion: UNKNOWN

Order Of Protection: NO

Issuing Court:

Docket #:

Expiration Date:

Order of Protection Violated?

Does Suspect abuse Drugs / Alcohol? NO

Suspect threatened / attempted suicide? NO

Is the suspect Parole / Probation? NO

Accent: NO

S.S. #: 0

Relation to Victim: STRANGER

Living together: NO

Can be Identified: YES

Gang/Crew Affiliation: YES

Name: BLOODS

Identifiers: RED COLORS

LOCATION	ADDRESS	CITY	STATE/COUNTRY	ZIP	APT/ROOM	HOW LONG?	RES. PCT
HOME-PERMANENT							

Phone #: HOME: -- CELL: -- BUSINESS: -- BEEPER: -- E-MAIL:

N.Y.C.H.A. Resident: NO N.Y.C. Housing Employee: On Duty:
 Development: N.Y.C. Transit Employee:

Physical Force: THREATENED

Weapons:

Gun:
 Weapon Used/Possessed: NONE Make: Recovered: NO
 Non-Firearm Weapon: Caliber: Serial Number Defaced:
 Other Weapon Description: Color: Serial Number:
 Type:
 Other/Gun Specify:
 Discharged: NO

Used Transit System:

Station Entered:

Time Entered:

Metro Card Type:

Metro Card Used/Poses:

Card #:

CRIME DATA**DETAILS**

STATEMENTS MADE	"YOU'RE DEAD"
METHOD OF FLIGHT	FOOT
MODUS OPERANDI	PERP MADE STATEMENT
ACTIONS TOWARD VICTIM	THREATS TO VICTIM
CLOTHING	HEADGEAR -UNK -UNKNOWN COLOR
CLOTHING	FOOTWEAR -UNK -UNKNOWN COLOR
CLOTHING	OUTERWEAR -UNK -UNKNOWN COLOR
CLOTHING	ACCESSORIES -UNK -UNKNOWN COLOR
CHARACTERISTICS	UNKNOWN
BODY MARKS	-UNKNOWN
IMPERSONATION	UNKNOWN


No IMEI Data for Complaint # 2019-073-010736

Reporting/Investigating M.O.S. Name: CAD MARTINEZ JOSE	Tax #: 369146	Command: 073 PCT	Rep.Agency: NYPD
Supervisor Approving Name: SGT ZHANG JUNKAO	Tax #: 937788	Command: 073 PCT	Rep.Agency: NYPD
Complaint Report Entered By: PAA BURKETT	Tax #: 323587	Command: 073 PCT	Rep.Agency: NYPD
Signoff Supervisor Name: SGT GUILLAUME	Tax #: 948216	Command: 073 PCT	Rep.Agency: NYPD

END OF COMPLAINT REPORT

2019-073-010736

Print this Report

 New York City Police Department Omniform System - Complaints							
Report Cmd: 073	Jurisdiction: N.Y. POLICE DEPT	ICAD#:	Record Status: Final, No Arrests	Complaint #: 2019-073- 010403	No Other Legacy Blue Versions	No Other Complaint Revisions	
Occurrence INSIDE OF 599 Location: RALPH AVENUE Name Of Premise: Premises Type: RESIDENCE - APT. HO Location Within Premise: Visible By Patrol?: NO			NYC Parks Dept. Property Did this offense occur on NYC Parks Dept. Property? NO Command: NYC Parks Dept. Property Name:		Precinct: 073 Sector: B Beat: 3 Post:		
Occurrence From: 2019-09-28 20:30 SATURDAY Occurrence thru: 2019-10-31 17:00 Reported: 2019-11-05 19:27 Complaint Received: WALK-IN					Aided # Accident # O.C.C.B. #		
Classification: HARASSMENT Attempted/Completed: COMPLETED Most Serious Offense Is: VIOLATION PD Code: 638 HARASSMENT,SUBD 3 PL Section: 24026 Keycode: 578 HARRASSMENT 2			Case Status: CLOSED Unit Referred To: Clearance Code: PATROL Log/Case #: 0 Clearance Arrest Id: Clearance AO Cmd: File #: 51 Prints Requested? NO				
Is This Related To Stop And Frisk Report NO		SQF Number: 0000-000-00000		Was The Victim's Personal Information Taken Or Possessed? NO		Was The Victim's Personal Information Used To Commit A Crime? NO	
Gang Related? NO	Detective Borough Wheel Log #:		Name Of Gang:			Child Abuse Suspected? NO	
DIR Required? NO		Child In Common? NO		Intimate Relationship? NO		Officer Body Worn Camera: NO	
If Burglary: Forced Entry? Structure: Entry Method: Entry Location:		Alarm: Bypassed? Comp Responded?: Company Name/Phone: -- Crime Prevention Survey Requested?: Complaint/Reporter Present?:		If Arson: Structure: Occupied?: Damage by:		Taxi Robbery: Partition Present: Amber Stress Light Activated: Method of Conveyance: Location of Pickup:	
Supervisor On Scene - Rank / Name / Command :			Canvas Conducted: NO		Translator(if used):		
NARRATIVE: AT TPO CV STATES PERP DID MAKE STATEMNT TO CV STATING "SUCK MY DICK" NUMEROUS TIMES CAUSING CV TO BE ANNOYED AND ALARMED.							
No NYC TRANSIT Data for Complaint # 2019-073-010403							
Total Victims: 1		Total Witnesses: 0		Total Reporters: 1		Total Wanted: 1	

VICTIM: # 1 of 1		Name: LITTLE, WILLIAM		Complaint#: 2019-073-010403													
Nick/AKA/Maiden: UMOS: NO Sex/Type: MALE Race: BLACK Age: 33 Date Of Birth: 12/23/1985 Disabled? NO Is this person not Proficient in English?: NO If Yes, Indicate Language: N.Y.C.H.A Resident? NO Is Victim fearful for their safety / life? YES Escalating violence / abuse by suspect? NO Were prior DIR's prepared for CV? NO			Gang/Crew Affiliation: NO Name: Identifiers: Will View Photo: NO Will Prosecute: NO Notified Of Crime: NO Victim Comp. Law: NO														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">LOCATION</th> <th style="width: 25%;">ADDRESS</th> <th style="width: 15%;">CITY</th> <th style="width: 20%;">STATE/COUNTRY</th> <th style="width: 15%;">ZIP</th> <th style="width: 10%;">APT/ROOM</th> </tr> <tr> <td>HOME-PERMANENT</td> <td>599 RALPH AVENUE</td> <td>BROOKLYN</td> <td>NEW YORK</td> <td>11212</td> <td>302</td> </tr> </table>						LOCATION	ADDRESS	CITY	STATE/COUNTRY	ZIP	APT/ROOM	HOME-PERMANENT	599 RALPH AVENUE	BROOKLYN	NEW YORK	11212	302
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Phone #: HOME: Not Provided/Unavailable CELL: Not Provided/Unavailable BUSINESS: Not Provided/Unavailable BEEPER: Not Provided/Unavailable E-MAIL: WILLIAMLITTLE@GMAIL.COM																	
Action against Victim:		Actions Of Victim Prior To Incident: AT HOME															
Victim Of Similar Incident: NO		If Yes, When And Where															
REPORTER: # 1 of 1		Name: LITTLE, WILLIAM		Complaint#: 2019-073-010403													
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WANTED: # 1 of 1		Name: ,		Complaint#: 2019-073-010403													
				Arrested: NO													
Nick/AKA/Maiden: Sex: [REDACTED] Race: [REDACTED] Age: [REDACTED] Date Of Birth: UNKNOWN U.S. Citizen: [REDACTED] Place Of Birth: Is this person not Proficient in English?: NO If Yes, Indicate Language: Accent: NO			Height: [REDACTED] Weight: [REDACTED] Eye Color: [REDACTED] Hair Color: [REDACTED] Hair Length: [REDACTED] Hair Style: [REDACTED] Skin Tone: UNKN Complexion: UNKNOWN S.S. #: 0 Order Of Protection: NO Issuing Court: Docket #: Expiration Date: Order of Protection Violated? Does Suspect abuse Drugs / Alcohol? NO Suspect threatened /attempted suicide? NO Is the suspect Parole / Probation? NO Relation to Victim: STRANGER Living together: NO Can be Identified: YES														
			Gang/Crew Affiliation: NO Name: Identifiers:														

LOCATION	ADDRESS	CITY	STATE/COUNTRY	ZIP	APT/ROOM	HOW LONG?	RES. PCT																								
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N.Y.C.H.A. Resident: NO N.Y.C. Housing Employee: On Duty: Development: N.Y.C. Transit Employee:																															
Physical Force:																															
Weapons:																															
Gun: Weapon Used/Possessed: NONE Make: Recovered: Non-Firearm Weapon: Caliber: Serial Number Defaced: Other Weapon Description: Color: Serial Number: Type: Other/Gun Specify: Discharged: NO																															
Used Transit System: Station Entered: Time Entered: Metro Card Type: Metro Card Used/Poses: Card #:																															
<table border="1"> <thead> <tr> <th>CRIME DATA</th> <th>DETAILS</th> </tr> </thead> <tbody> <tr> <td>STATEMENTS MADE</td> <td>SUCK MY DICK</td> </tr> <tr> <td>MODUS OPERANDI</td> <td>UNKNOWN</td> </tr> <tr> <td>MODUS OPERANDI</td> <td>PERP MADE STATEMENT</td> </tr> <tr> <td>ACTIONS TOWARD VICTIM</td> <td>UNK</td> </tr> <tr> <td>CLOTHING</td> <td>HEADGEAR -UNK -UNKNOWN COLOR</td> </tr> <tr> <td>CLOTHING</td> <td>OUTERWEAR -UNK -UNKNOWN COLOR</td> </tr> <tr> <td>CLOTHING</td> <td>FOOTWEAR -UNK -UNKNOWN COLOR</td> </tr> <tr> <td>CLOTHING</td> <td>ACCESSORIES -UNK -UNKNOWN COLOR</td> </tr> <tr> <td>CHARACTERISTICS</td> <td>UNKNOWN</td> </tr> <tr> <td>BODY MARKS</td> <td>-UNKNOWN</td> </tr> <tr> <td>IMPERSONATION</td> <td>UNKNOWN</td> </tr> </tbody> </table>								CRIME DATA	DETAILS	STATEMENTS MADE	SUCK MY DICK	MODUS OPERANDI	UNKNOWN	MODUS OPERANDI	PERP MADE STATEMENT	ACTIONS TOWARD VICTIM	UNK	CLOTHING	HEADGEAR -UNK -UNKNOWN COLOR	CLOTHING	OUTERWEAR -UNK -UNKNOWN COLOR	CLOTHING	FOOTWEAR -UNK -UNKNOWN COLOR	CLOTHING	ACCESSORIES -UNK -UNKNOWN COLOR	CHARACTERISTICS	UNKNOWN	BODY MARKS	-UNKNOWN	IMPERSONATION	UNKNOWN
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No IMEI Data for Complaint # 2019-073-010403																															
Reporting/Investigating M.O.S. Name: POM WONG ALEX		Tax #: 965622	Command: 073 PCT	Rep.Agency: NYPD																											
Supervisor Approving Name: SGT ZHANG JUNKAO		Tax #: 937788	Command: 073 PCT	Rep.Agency: NYPD																											
Complaint Report Entered By: PAA BURKETT		Tax #: 323587	Command: 073 PCT	Rep.Agency: NYPD																											
Signoff Supervisor Name: SGT PEACOCK		Tax #: 940553	Command: 073 PCT	Rep.Agency: NYPD																											
END OF COMPLAINT REPORT # 2019-073-010403																															

Print this Report



NYC DHS CIVILIAN COMPLAINT REPORT

Site:	Log #
-------	-------

Person Making Complaint:	<input checked="" type="checkbox"/> Client	<input type="checkbox"/> Staff	<input type="checkbox"/> Visitor	<input type="checkbox"/> Civilian	<input type="checkbox"/> Other:
Complaint Made Against:	<input type="checkbox"/> Peace Officer	<input type="checkbox"/> Security Guard	<input type="checkbox"/> Staff	<input type="checkbox"/> Other:	

INCIDENT OCCURRENCE:

Date: 8/5/19	Time: 5:05	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Day of Week: Monday	Shelter: Schwartz
Address: 65 Charles Gay Loop			Floor:	Room #: Common Area

PERSON MAKING COMPLAINT:

Last Name: Little	First: William	M.I.: D	Age: 33	DOB: 12/23/85	Race: B	Sex: F
Address: 65 Charles Gay Loop			Apt:	City: New York	State: NY	Zip: 10035
Home Phone:		Work Phone:		Cell Phone:		
<input checked="" type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Relationship to Victim: SELF				Client/HA #		

COMPLAINT MADE AGAINST:

Rank or Title	Last Name	First Name	ID or Shield #	Additional Info.
Officer	Vincent		1236	

WITNESS/VICTIM:

Last Name: Chancey	First: Daniel	M.I.: S	Age: 30	DOB: 2/21/89	Race: W	Sex: M
Address: 65 Charles Gay Loop			Apt:	City: New York	State: NY	Zip: 10035
Home Phone:		Work Phone:		Cell Phone:		
<input type="checkbox"/> Victim <input checked="" type="checkbox"/> Witness <input type="checkbox"/> Relationship to Victim:				Client/HA #		

DETAILS OF INCIDENT:

<p>I was standing before the metal detector and the above named officer had groped my breast area in a sexually hostile manner and I felt violated and I would like a full investigation into this matter. I will also be filing a report with City Hall regarding this harassment and use of force in a inappropriate manner.</p>	Use rear of page for additional space
--	---------------------------------------

REPORT RECEIVED:

Received by: Last Name:	First Name:	Rank or Title	Shield/ID:	Command/Unit
Signature:		Work Phone:	Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM



NYC DHS CIVILIAN COMPLAINT REPORT

Site:	Log #
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Person Making Complaint:	<input checked="" type="checkbox"/> Client	<input type="checkbox"/> Staff	<input type="checkbox"/> Visitor	<input type="checkbox"/> Civilian	<input type="checkbox"/> Other:
Complaint Made Against:	<input checked="" type="checkbox"/> Peace Officer	<input type="checkbox"/> Security Guard	<input type="checkbox"/> Staff	<input type="checkbox"/> Other:	

INCIDENT OCCURANCE:

Date:	8/14/19	Time:	825 - 910 PM	Day of Week:	Wednesday	Shelter:	Atlantic Shelter	
Address:	1322 Bedford Ave. BKLYN NY		Floor:	1	Room #:	Search	Area:	Search area

PERSON MAKING COMPLAINT:

Last Name:	Little	First:	William	M.I.:		Age:	34	DOB:	12/23/85	Race:	B	Sex:	M
Address:	1322 Bedford Ave BKLYN, NY		Apt:		City:	New York		State:	NY	Zip:	11216		
Home Phone:			Work Phone:			Cell Phone:							
<input checked="" type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Relationship to Victim:										Client/HA #			
										1956654			

COMPLAINT MADE AGAINST:

Rank or Title	Last Name	First Name	ID or Shield #	Additional Info.
officer			303	code of conduct

WITNESS/VICTIM:

Last Name:	First:	M.I.:	Age:	DOB:	Race:	Sex:
Address:	Apt:	City:	State:	Zip:		
Home Phone:	Work Phone:	Cell Phone:				
<input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Relationship to Victim:						Client/HA #

DETAILS OF INCIDENT:

<p>on 8/14/19 about approx 825 - 910 pm this writer was coming thru the search area of the shelter and officer with shield # of 303 began to get aggressive and hostile with me and other residents. this officer has also made continuous verbal threats stating "come back thru search with that same energy watch what happen" this escalated from a previous altercation with another resident before myself. this officer in my continued presence posed a threat to others after me as well inciting riotous behavior in fact he has violated state and federal law by abusing his authority and power under state color. he is representing the state and dhs services and need to be profession at all times while in uniform and shield and be the example and not go back and forth</p>	<p>Use rear of page for additional space</p>
---	--

REPORT RECEIVED:

Received by: Last Name:	First Name:	Rank or Title	Shield/ID:	Command/Unit
Signature:	Work Phone:	Date:	Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM

CLIENT GRIEVANCE FORM

If you wish to file a grievance, please write your concerns on this form and give it to either your case manager or his/her supervisor, whomever appropriate.

Client Name: William Little

Date: 7/27/19

My grievance is as follows:

on 7/27/19 approx. 12:45 PM This writer came into the Scharf 2nd floor assessment building along with my property as I approached the search area and X-ray machine I told the DHS officers Cobari and mason that my black suit case will not fit into the X-ray machine I was verbalized at and belittled and was told to put it on the machine anyway I then stated I cant lift it due to my back condition another resident assist in putting it on the belt as directed by these officers and my suit case got stuck and both officers had to forcefully push my luggage back and forth until it

Completed By: [Signature]

Date: 7/27/19

Received By: [Signature]

Date: 7/27/19

Findings:


Decision:

Date: _____

Program Director/Assistant Vice President Signature

8/23/19 Approx 11⁰⁰ - 11³⁰ pm

on the above date and time this writer went to use the restroom on the 3rd floor and noticed trash thrown all over the floor I reported it to the Security Guard that had that post and she had page for a custodian to come and clean the matter at hand. Upon responding to the call custodian (Chris) once he had seen me he immediately began making derogatory and provocative remarks and comments. "Sweet cakes that faggot ass nigga probroly did it." as if I get pleasure in doing that. I would never do that I treat and respect all staff and address them accordingly and properly. However this foul, vulgar, and demeaning and verbally abusive behavior was highly offensive and unacceptable not 1 time have I disrespect or call anyone out they name and I don't stand to be called out mine I hope for a speedy response and this will be rectified shortly I seek merely to remain safe and focused on my treatment.


Signature of individual making report

8/23/19
Date